



For contact and submission details, see page 3.

**Physiotherapy report type** *(please check one)*

Stream 1 — Standard Treatment <b>(PS)</b> <input type="checkbox"/>	Stream 2 — Exceptions to Standard Treatment <b>(PE)</b> <input type="checkbox"/>
Stream 3 — Home Visits <b>(PH)</b> <input type="checkbox"/>	Stream 4 — CNS Disorder Treatments <b>(PC)</b> <input type="checkbox"/> Requested <b>(PR)</b> <input type="checkbox"/>
Date of service (= date of this report) (yyyy-mm-dd)	

**Worker information**

Worker last name	First name	Middle initial
Personal health number	Date of birth (yyyy-mm-dd)	
Worker's occupation	WorkSafeBC claim number	

**Clinical status**

Date of injury (yyyy-mm-dd)	Injury accepted on claim	Is worker currently working? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of initial visit (yyyy-mm-dd)	Reassessment date (yyyy-mm-dd)	Number of visits to date

<b>Initial objective findings</b> <i>(include specific measurements)</i>	<b>Current objective findings if applicable</b> <i>(include specific measurements)</i>
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<b>Critical job demands as reported by the worker</b> <i>(include specific measurements)</i>	<b>Current functional abilities related to critical job demands listed</b> <i>(include specific measurements)</i>
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<b>Factors delaying recovery</b>
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Worker last name	First name	Middle initial	WorkSafeBC claim number
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**Treatment goals**

Expected improvements *(measurable objective findings and functional abilities related to critical job demands)*

  
  
  
  
  
  
  
  
  
  

**Can modified or regular duties be performed concurrently with physiotherapy treatment?**  
**Yes**  **No**  Please explain \_\_\_\_\_

Expected start date *(yyyy-mm-dd)* \_\_\_\_\_

**Recommendations (Streams 2, 3, or 4 only)**

Physiotherapy treatment <input type="checkbox"/>	Number of weeks
Start date <i>(yyyy-mm-dd)</i> _____	Expected number of visits

**Expected outcome at end of treatment**

Return to pre-injury work <input type="checkbox"/>	Occupational Rehab 1 (OR1) <input type="checkbox"/>
Return to modified or alternate work <input type="checkbox"/>	Further medical investigation <input type="checkbox"/>
RTW support services (RTWSS) <input type="checkbox"/>	Other <i>(please specify)</i> <input type="checkbox"/>

**Provider information**

Physiotherapist's name	Practitioner number	Clinic payee number
Clinic name		Clinic phone number ( )
Clinic fax number ( )	Date <i>(yyyy-mm-dd)</i>	Physiotherapist's mailing address/stamp
Signature		



### Message to physical therapist

- Physiotherapy treatment will only be paid within the period pre-authorized by WorkSafeBC.
- For Stream 1, the physical therapist must submit a Physiotherapy Report (form 268):
  - at least five (5) business days prior to the treatment end date if the worker is not expected to return to pre-injury hours and duties or
  - within five (5) business days from recommending transfer to Stream 2 as a result of a significant change in worker's condition.
- For Stream 2, the physical therapist must contact the WorkSafeBC officer at least ten (10) business days prior to the end date if the expected outcome will not be achieved at the end of the treatment plan.
- For Streams 3 and 4, the physical therapist must contact the WorkSafeBC officer at least five (5) business days prior to the end date if the expected outcome will not be achieved at the end of the treatment plan.
- If notice of approval or rejection of the treatment plan is not received within five (5) business days of submission of the Physiotherapy Report, the physical therapist may initiate Stream 2, 3, and 4 treatment plans and will be compensated by WorkSafeBC for the services until communication is received from the WorkSafeBC officer. Treatment shall not continue beyond the parameters outlined in the initial treatment plan. **Not applicable for transfers from Stream 1 to Stream 2.**
- For more information, refer to the *Physiotherapy Services Reference Manual* on [WorkSafeBC.com](http://WorkSafeBC.com).
- **Billing report codes:** Stream 1 (19185), Transfer from Stream 1 to Stream 2 (19185), Stream 2 (19203), Stream 3 (19173), Stream 4 (19175).
- **Billing late report codes:** Stream 1 (19186), Transfer from Stream 1 to Stream 2 (19186), Stream 2 (19187), Stream 3 (19189), Stream 4 (19197).
- Reports are to be sent to WorkSafeBC by **FAX at 604 233-9777** or toll-free **1 888 922-8807**.
- If you have any questions about this form, contact Health Care Services at 604 232-7787 or toll-free 1 866 244-6404.